

**BACKFLOW ASSEMBLY TESTING**  
City of Columbus Submittal Instructions  
for On-line Software  
May 21, 2015

As an approved certified backflow assembly tester for the City of Columbus you are required to submit test results to our office within 5 days of testing. Only tests for City of Columbus Division of Water customers may be submitted to our office. Test reports for customers served by other public water systems (e.g. Westerville, DelCo, Gahanna, Reynoldsburg, Bexley, Obetz, etc.) will be rejected. Please verify with your customer which public water system serves their property (i.e. who they get their bills from) prior to testing.

Beginning May 21, 2015 test results can be submitted electronically using the City's new on-line submittal software. This document provides step by step guidance on use of the on-line software. Please also refer to the Test Report Form Cross Reference document, available on the City's web site at [www.columbus.gov/backflow/testers](http://www.columbus.gov/backflow/testers), for guidance on where information previously entered on the Backflow Prevention Assembly Test Report form should be entered using the on-line software.

Currently approved testers will be required to use the on-line software for all annual tests beginning January 1, 2016. Newly approved testers will be required to use the on-line software immediately upon approval.

Use of the on-line software does not change how tests are performed or what information must be submitted to our office. Only the information previously required on the Backflow Prevention Assembly Test Report form is required with the new software. This document indicates which parts of the on-line forms are required and which are optional.

The layout of this document follows the basic steps needed to submit test results to the City of Columbus. Please contact the Backflow Compliance Office at [backflow@columbus.gov](mailto:backflow@columbus.gov) or (614) 645-6674 if you have any questions.

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The web site for on-line submittal is located at <https://columbus.tokaytest.com/>. The web site can be accessed by most electronic devices (desktop computer, tablet, smart phone, etc.) using most common web browsers.

## LOGGING IN

Only testers approved by the Division of Water Administrator will be provided a User Name and Password to access the site. Failure to maintain up to date documentation with the Backflow Compliance Office (BCO) for credentials required for tester approval (DOC certification, gage calibration, etc.) will result in your login credentials being deactivated. Credentials are checked daily.

Log in to the web site using the User Name and Password assigned to you by the BCO. This will be e-mailed to you once the BCO has approved you to test devices. You must provide our office with a valid e-mail address to obtain your User Name and Password. A view of the login screen is shown below.

THE CITY OF  
**COLUMBUS**  
MICHAEL B. COLEMAN, MAYOR  
DEPARTMENT OF  
PUBLIC UTILITIES

version 2.0.15

Only testers approved by the Backflow Compliance Office may access this web site. Login credentials will be DEACTIVATED if testers fail to maintain up to date documentation with the Backflow Compliance Office, including proof of: ODOC backflow tester certification; Columbus Department of Building and Zoning Services registration; Columbus Backflow Compliance Office registration; and gage calibration within 12 months of test date. Call us at (614) 645-6674 with questions

User Name

Password

☐ Remember me on this computer

Login

If you forget your User Name or Password you will need to contact our office at [backflow@columbus.gov](mailto:backflow@columbus.gov) or (614) 645-6674 to have your login information e-mailed to you.

If your login credentials are deactivated for any reason please contact our office at [backflow@columbus.gov](mailto:backflow@columbus.gov) or (614) 645-6674. Prior to contacting our office please review the Testers Credentials List at [www.columbus.gov/backflow/testers](http://www.columbus.gov/backflow/testers) to determine if a lapsed credential was the cause of deactivation. Upon resolution of the issue that resulted in deactivation, expect an additional one to three business days to reactivate your account.

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Once you have logged into the application a screen will appear as shown below. Confirm that the name and company name indicated are yours. If you are registered with more than one company you will be given a unique username and password for each.

The screenshot shows the application's home page. At the top left is the City of Columbus logo and the text 'DEPARTMENT OF PUBLIC UTILITIES'. To the right of the logo is a navigation bar with five buttons: 'Main', 'Add Test', 'Review Tests', 'View Cart', and 'Logout'. Below the navigation bar, a message states 'George Meyers is logged in with City of Columbus', which is circled in red. Below this message is a yellow box containing instructions: 'Please verify that your name and the name of the company you work for are correct above. Please call us at (614) 645-6674 if any of the information is incorrect. Select "Add Test" above to enter a new test. Select "Review Test" to review and print saved tests. Please note that the "View Cart" option is not used.' Below the yellow box is a 'Select a Company' dropdown menu with 'City of Columbus' selected. The version number 'version 2.0.15' is displayed in the top right corner.

## ENTERING TEST RESULTS

The first step in entering test results is to add a new test. Click on the Add Test link.

This screenshot is identical to the one above, but the 'Add Test' button in the navigation bar is circled in red to highlight it. The rest of the page content, including the login message, instructions, and company selection dropdown, remains the same.

Clicking on the Add Test link will open the Device Profile Search page.

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## Device Profile Search

To ensure that you are testing the correct device, it is very important that you obtain the device serial number, the property address, and the location that are provided to the owner on the back of their notification letter from the City of Columbus. This information is also required to look up the device from the Backflow Compliance Office database. **If the serial number and house/building number are not entered exactly as they appear on the customer's letter you will not be able to submit the test results.** We suggest that you obtain this information from the owner at the time of scheduling the test.

A list of serial numbers and building numbers is also available on the Tester's Page of the City web site at [www.columbus.gov/backflow/testers](http://www.columbus.gov/backflow/testers). However because serial numbers may be duplicated on different makes or models of devices it may be necessary to perform additional verification if using this list.

THE CITY OF  
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MICHAEL B. COLEMAN, MAYOR  
DEPARTMENT OF  
PUBLIC UTILITIES

[Main](#) [Add Test](#) [Review Tests](#) [View Cart](#) [Logout](#)

version 2.0.15

George Meyers is logged in with George Meyers Test Company

Owners may have multiple devices. For annual tests required by code verify the serial number on the device matches the number on the notice sent to the customer. Search on line for the device by entering the serial number and building number only (no street name) in the spaces provided. If multiple addresses share a meter, search using the address on the notice. The Hazard # field is not used. Call us at (614) 645-6674 if no device is found when you select the "Locate Device" button.

Device Profile Search

\* Serial Number  **a**

\* House/Building Number  **b**

OR

\*Hazard #  **c**

**Locate Device** or [Clear Form](#) **d** **e**

- Serial Number** – Located on device. Confirm that this matches the serial number on the letter sent to the owner and that you are testing the correct device. If not, refer to Troubleshooting/FAQs.
- House/Building Number** – Numeric portion only of street address. For example if the address is 910 Dublin Road you would enter 910. Obtain this number from the "Property Address" line on the back of the letter sent to the owner. Please note that for master metered properties with multiple buildings or businesses the "Property Address" may be different than the address at the location of the assembly. Use the number on the form sent to the owner. If the location address is different, it will often be listed on the "Describe location of assembly" line on the back of the owner's letter.
- Hazard #** - Not provided. BCO tracking number. Do not enter anything into this cell.

- d) **Locate Device** – Once the serial number and house/building number have been entered, click this button to search the database for the device that requires its annual test.
- e) **Clear Form** – Click this button to empty the contents of the cells.

## Verify Site Profile

Once the correct serial number and house/building number are entered, selecting “Locate Device” will bring up the “Verify Site Profile” screen, as shown below. Refer to “Troubleshooting/FAQ” at the end of this document if you are having difficulty locating the device in the database.

Review the information on this screen, and update as necessary.

The screenshot shows the 'Verify Site Profile' screen of the City of Columbus Backflow Assembly Testing software. The page header includes the City of Columbus logo and navigation links: Main, Add Test, Review Tests, View Cart, and Logout. A user login message states 'George Meyers is logged in with George Meyers Test Company'. A version number 'version 2.0.15' is in the top right. A yellow instruction box explains the form's purpose. The form itself has a title 'Verify Site Profile' and two radio buttons: 'This is Correct' (selected, callout a) and 'Make Changes' (callout b). Below these are fields for Address (910 DUBLIN RD UNIT B, callout e), Customer (DIVISION OF WATER, callout f), Location (940 DUBLIN RD, callout g), and Hazard (Softener, callout h). Further down are fields for Meter Number (VACATION, callout i), Serial Number (242516, callout j), and Manufacturer (WATTS, callout k). To the right of these are fields for Model (009M3QT, callout l), Type (RP, callout m), and Size (0.75, callout n). At the top right of the form are two more radio buttons: 'Existing Device' (selected, callout c) and 'Replace Device' (callout d). At the bottom of the form are two buttons: 'Confirm and Enter Results' (callout o) and 'Cancel' (callout p).

- a) **This is correct** – This is the default. If all of the information on this screen is correct leave this button checked.
- b) **Make Changes** – If any of the information is incorrect, select this button and enter what you feel are the correct values. BCO staff will review any proposed changes before updating the database. Corrections of typographical errors for the serial number (e.g. correcting a missing or incorrect digit) should be made using this feature.
- c) **Existing Device** – This is the default. If the serial numbers match leave this button checked.
- d) **Replace Device** – If the device that the test is requested for has been replaced since the last test, check this button and enter the relevant information for the replacement device (serial number,

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manufacturer, model number, type, and size). Do not use this feature to correct typographical errors for a serial number (e.g. missing or incorrect digit).

- e) **Address** – Property address listed on the form on the back of the owner’s notification letter. For master metered properties the property address may be different than the building or unit address where the device is located. Refer to Item g) below.
- f) **Customer** – Customer or business name
- g) **Location** – Description of the location of the device. Please supplement if more detail is necessary. If the building number differs from the mailing address, please note the building address here.
- h) **Hazard** – Description of the hazard that requires the backflow prevention assembly
- i) **Meter Number** – Informational. Serial number of the water meter on the service line that feeds this installation. You are not expected to verify this information.
- j) **Serial Number** – Serial number of the backflow prevention device per the BCO database. If this number does not match the device you are testing refer to the Troubleshooting/FAQ section for guidance on verifying/updating information.
- k) **Manufacturer** – Manufacturer of backflow prevention assembly. Also referred to as “make of assembly.”
- l) **Model** – Manufacturer’s model number
- m) **Type** – Type of device. Acceptable values are: **RP** – reduced pressure; **RPDA** – reduced pressure, detector assembly; **DC** – double check; **DCDA** – double check, detector assembly; **PVB** – pressure vacuum breaker; **SVB** – spill resistant vacuum breaker; **Airgap** – air gap. If this value must be changed, please enter the abbreviations provided here. The correct abbreviations are used by the software to direct you to the correct data entry screen.
- n) **Size** – Nominal size of inlet and outlet piping to the backflow prevention assembly.
- o) **Confirm and Enter Results** – Click this button to confirm values or save changes. All changes are proposed until reviewed and accepted by BCO staff. Please note, your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost.
- p) **Cancel** – Clears any changes and returns you to the prior (Device Profile Search) screen.

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### Test Data Entry, Device Type: RP or RPDA

Please note, your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.

For reduced pressure principle devices the following screen appears. Items in yellow are not tracked by the BCO.

Please enter the test results in "Initial Test." Enter the date of the test using the pop-up calendar. If repairs are made, type the details in the "Comments" section. Enter the "Final Test" results ONLY IF, AND AFTER REPAIRS. If no repairs are made, skip the repair and final test sections. Select the test kit that was used (if applicable). Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Questions? (614) 645-6674

Test Data Entry

Serial Number: 242516 Device Type: RP Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test	Check Valve #1	Check Valve #2	Relief Valve
<input type="radio"/> Pass <input type="radio"/> Fail <b>a</b>	<input type="radio"/> Leaked <input type="radio"/> Closed Tight <b>c</b>	<input type="radio"/> Leaked <input type="radio"/> Closed Tight <b>e</b>	<input type="checkbox"/> Did not Open <input type="checkbox"/> Opened at <b>h</b> PSID <b>g</b>
Date <b>b</b> Please input in MM/DD/YYYY format.	Held at <b>d</b> PSID	Held at <b>f</b> PSID	

Repaired	Enter Repair Details for Specific Assemblies Below		
Date <b>i</b>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild	Comments: <b>k</b>	

Final Test	Check Valve #1	Check Valve #2	Relief Valve
<input type="checkbox"/> Pass <input type="checkbox"/> Fail <b>l</b>	<input type="checkbox"/> Closed Tight <b>n</b>	<input type="checkbox"/> Closed Tight <b>p</b>	<input type="checkbox"/> Opened at <b>r</b> PSID
Date <b>m</b>	Held at <b>o</b> PSID	Held at <b>q</b> PSID	

Details				
Proper Install <input type="radio"/> Yes <input type="radio"/> No <b>s</b>	#2 Shutoff <input type="radio"/> Leaked <input type="radio"/> Closed Tight <b>t</b>	Service Restored <input type="radio"/> Yes <input type="radio"/> No <b>u</b>	RV Exercised <input type="radio"/> Yes <input type="radio"/> No <b>v</b>	Held Backpressure <input type="radio"/> Yes <input type="radio"/> No <b>w</b>
				Line PSI <input type="text"/> Meter Reading <input type="text"/> <b>x</b>

Test Kit	Comments
1234567 <b>y</b>	<b>z</b>

☐ \* I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.

☐ \* I certify that all information entered in this report is true and accurate. **aa**

☐ \* I certify that the equipment used for this test was calibrated within 12 months of the test.

☐ \* I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

**bb** Save Test Data or Cancel **cc**

#### Initial Test

- a) **Pass/Fail** – Mandatory. Indicates if device passed or failed the initial test.
- b) **Date** – Mandatory. Date of initial test. Select value from the pop-up calendar.



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**Initial Test, Check Valve #1**

- c) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d) **Held at \_\_\_\_ PSID** – Mandatory. Enter the test PSID for Check Valve #1.

**Initial Test, Check Valve #2**

- e) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f) **Held at \_\_\_\_ PSID** – Data entry optional. Enter the test PSID for Check Valve #2.

**Initial Test, Relief Valve** Mandatory

- g) **Did not Open** – Check this box if the relief valve did not open at the required PSID.
- h) **Opened at \_\_\_\_ PSID** – Enter the test PSID when the relief valve opened.

**Repaired** – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- i) **Date** – Date repairs were completed. Select value from the pop-up calendar.

**Enter Repair Details for Specific Assemblies Below** – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- j) **Cleaned/Rubber Kit/Rebuild** – Select box that best describes the nature of the repairs.
- k) **Comments** – Describe repairs.

**Final Test** – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- l) **Pass** – Check this box only if repairs were made and tests show the device is now functioning properly.
- m) **Date** – Date the final test was performed that showed the device as functional.

**Final Test, Check Valve #1** – Only fill in this section after repairs are made and the device passes all tests.

- n) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- o) **Held at \_\_\_\_ PSID** – Enter the test PSID for Check Valve #1.

**Final Test, Check Valve #2** – Only fill in this section after repairs are made and the device passes all tests.

- p) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.
- q) **Held at \_\_\_\_ PSID** – Data not tracked by BCO but the software may require an entry to continue. Enter the test PSID for Check Valve #2. If the PSID was not recorded, enter 0.0.



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**Final Test, Relief Valve** – Only fill in this section after repairs are made and the device passes all tests.

- r) **Opened at \_\_\_\_ PSID** – Enter the test PSID when the relief valve opened.

**Details**

- s) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?
- t) **#2 Shutoff, Leaked/Closed Tight** – Mandatory. Did the outlet valve leak (fail) or close tight (pass)?
- u) **Service Restored, Yes/No** – Data entry optional. Not tracked by BCO.
- v) **RV Exercised, Yes/No** – Data entry optional. Not tracked by BCO
- w) **Held Backpressure, Yes/No** – Data entry optional. Not tracked by BCO
- x) **Line PSI/Meter Reading** – Data entry optional. Not tracked by BCO

**Test Kit**

- y) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the BCO. Test kits may not be used if it has been more than 12 months since it was last calibrated.

**Comments**

- z) Data entry optional. Provide any comments.
- aa) **Certification** – Tests cannot be submitted to the Backflow Compliance Office until you have checked the box acknowledging the four certification statements are true.
- bb) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- cc) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

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## Test Data Entry, Device Type: DC or DCDA

For double check devices the following screen appears. Items in yellow are not tracked by the BCO.

George Meyers is logged in.

Please enter the test results in "Initial Test." Enter the date of the test using the pop-up calendar. If repairs are made, type the details in the "Comments" section. Enter the "Final Test" results ONLY IF, AND AFTER REPAIRS. If no repairs are made, skip the repair and final test sections. Select the test kit that was used (if applicable). Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Questions? (614) 645-6674

Test Data Entry

Serial Number: 242516 Device Type: DC Address: 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test	Check Valve #1	Check Valve #2
<input type="radio"/> Pass <input type="radio"/> Fail <b>a</b>	<input type="radio"/> Leaked <input type="radio"/> Closed Tight <b>c</b>	<input type="radio"/> Leaked <input type="radio"/> Closed Tight <b>e</b>
Date <b>b</b> Please input in MM/DD/YYYY format.	Held at <b>d</b> PSID	Held at <b>f</b> PSID

Repaired **h**

Date **g**

☐ Cleaned ☐ Rubber Kit ☐ Rebuild

Comments: **i**

Final Test	Check Valve #1	Check Valve #2
Pass <input type="checkbox"/> <b>j</b>	Closed Tight <input type="checkbox"/> <b>l</b>	Closed Tight <input type="checkbox"/> <b>n</b>
Date <b>k</b>	Held at <b>m</b> PSID	Held at <b>o</b> PSID

Details

Proper Install ☐ Yes ☐ No **p**

#2 Shutoff ☐ Leaked ☐ Closed Tight **q**

Service Restored ☐ Yes ☐ No **r**

Held Backpressure ☐ Yes ☐ No **s**

Line PSI  **t**

Meter Reading

Test Kit **u**

Comments **v**

☐ \* I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.

☐ \* I certify that all information entered in this report is true and accurate.

☐ \* I certify that the equipment used for this test was calibrated within 12 months of the test. **w**

☐ \* I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

**Save Test Data** or **Cancel** **x** **y**

### Initial Test

- a) **Pass/Fail** – Mandatory. Indicates if device passed or failed the initial test.
- b) **Date** – Mandatory. Date of initial test. Select value from the pop-up calendar.

### Initial Test, Check Valve #1

- c) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #1 leaked (failed) or closed tight (passed).
- d) **Held at \_\_\_\_ PSID** – Mandatory. Enter the test PSID for Check Valve #1.

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**Initial Test, Check Valve #2**

- e) **Leaked/Closed Tight** – Mandatory. Indicate if Check Valve #2 leaked (failed) or closed tight (passed).
- f) **Held at \_\_\_\_ PSID** – Mandatory. Enter the test PSID for Check Valve #2.

**Repaired** – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- g) **Date** – Date repairs were completed. Select value from the pop-up calendar.

**Enter Repair Details for Specific Assemblies Below** – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h) **Cleaned/Rubber Kit/Rebuild** – Select box that best describes the nature of the repairs.
- i) **Comments** – Describe repairs.

**Final Test** – Only fill in this section after repairs are made and the device passes all tests. If no repairs were made this section should be left blank.

- j) **Pass** – Check this box only if repairs were made and tests show the device is now functioning properly.
- k) **Date** – Date the final test was performed that showed the device as functional.

**Final Test, Check Valve #1** – Only fill in this section after repairs are made and the device passes all tests.

- l) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #1 is now functioning properly.
- m) **Held at \_\_\_\_ PSID** – Enter the test PSID for Check Valve #1.

**Final Test, Check Valve #2** – Only fill in this section after repairs are made and the device passes all tests.

- n) **Closed Tight** – Check this box only if repairs were made and tests show that Check Valve #2 is now functioning properly.
- o) **Held at \_\_\_\_ PSID** – Enter the test PSID for Check Valve #2.

**Details**

- p) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?
- q) **#2 Shutoff, Leaked/Closed Tight** – Mandatory. Did the outlet valve leak (fail) or close tight (pass)?
- r) **Service Restored, Yes/No** – Data entry optional. Not tracked by the BCO.
- s) **Held Backpressure, Yes/No** – Data entry optional. Not tracked by the BCO.
- t) **Line PSI/Meter Reading** – Data entry optional. Not tracked by the BCO.

**Test Kit**

- u) Mandatory. Select the serial number for the test kit used for the test. Test kits must be registered with the BCO. Test kits may not be used if it has been more than 12 months since last calibrated.

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**Comments**

- v) Data entry optional. Provide any comments.
- w) **Certification** – Tests cannot be submitted to the BCO until you have checked the box acknowledging the four certification statements are true.
- x) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- y) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

## Test Data Entry, Device Type: PVB or SVB

For vacuum breaker devices the following screen appears. Items in yellow are not tracked by the BCO.

Please enter the test results in "Initial Test." Enter the date of the test using the pop-up calendar. If repairs are made, type the details in the "Comments" section. Enter the "Final Test" results ONLY IF, AND AFTER REPAIRS. If no repairs are made, skip the repair and final test sections. Select the test kit that was used (if applicable). Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Questions? (614) 645-6674

Test Data Entry

**Serial Number:** 242516 **Device Type:** PVB **Address:** 910 DUBLIN RD UNIT B - 940 DUBLIN RD

Initial Test		PVB/SVB	
<input type="radio"/> Pass <input type="radio"/> Fail <b>a</b> Date <b>b</b> Please input in MM/DD/YYYY format.	<b>c</b> Air Inlet <input type="checkbox"/> Did Not Open Opened at <b>d</b> PSID <input type="checkbox"/> Opened Fully <b>e</b>	Check Valve Leaked <input type="checkbox"/> <b>f</b> Held at <b>g</b> PSID	
<b>Repaired</b> <b>i</b> <b>Enter Repair Details for Specific Assemblies Below</b>			
Date <b>h</b> <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild	Comments: <b>j</b>		
Final Test		PVB/SVB	
Pass <input type="checkbox"/> <b>k</b> Date <b>l</b>	<b>m</b> Air Inlet <input type="checkbox"/> Opened Fully Opened at <b>n</b> PSID	Check Valve Held at <b>o</b> PSID	
Details			
Proper Install <input type="radio"/> Yes <input type="radio"/> No <b>p</b> #2 Shutoff <b>q</b> <input type="radio"/> Leaked <input type="radio"/> Closed Tight	Service Restored <input type="radio"/> Yes <input type="radio"/> No <b>r</b>	Held Backpressure <input type="radio"/> Yes <input type="radio"/> No <b>s</b>	Line PSI <b>t</b> Meter Reading
Test Kit		Comments	
1234567 <b>u</b>		<b>v</b>	
<input type="checkbox"/> * I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise. <input type="checkbox"/> * I certify that all information entered in this report is true and accurate. <input type="checkbox"/> * I certify that the equipment used for this test was calibrated within 12 months of the test. <b>w</b> <input type="checkbox"/> * I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.			
<b>x</b> <b>Save Test Data</b> or <b>Cancel</b> <b>y</b>			

### Initial Test

- a) **Pass/Fail** – Mandatory. Indicates if device passed or failed the initial test.
- b) **Date** – Mandatory. Date of initial test. Select value from the pop-up calendar.

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**Initial Test, PVB/SVB, Air Inlet** – Mandatory

- c) **Did Not Open** – Check this box if the air inlet valve failed to open at all when water pressure was released from the body of the pressure vacuum breaker.
- d) **Opened at \_\_\_\_ PSID** – If the air inlet opened when water pressure was released from the body of the pressure vacuum breaker record the pressure differential that opened it.
- e) **Opened Fully** – Check this box if the air inlet opened fully when all of the water drained from the body of the pressure vacuum breaker.

**Initial Test, Check Valve** – Mandatory

- f) **Leaked** – Check this box if the check valve was not water tight at pressures less than 1 psig.
- g) **Held at \_\_\_\_ PSID** – Record the maximum pressure obtained without the check valve leaking.

**Repaired** – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- h) **Date** – Date repairs were completed. Select value from the pop-up calendar.

**Enter Repair Details for Specific Assemblies Below** – Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- i) **Cleaned/Rubber Kit/Rebuild** – Select box that best describes the nature of the repairs.
- j) **Comments** – Describe repairs.

**Final Test** – Only fill in this section after repairs are made and the device passes all tests. If no repairs are necessary leave this section blank.

- k) **Pass** – Check this box only if repairs were made and tests show the device is now functioning properly.
- l) **Date** – Date the final test was performed that showed the device as functional.

**Final Test, PVB/SVB, Air Inlet** – Only fill in this section after repairs are made and the device passes all tests.

- m) **Opened Fully** – Check this box if the air inlet opened fully when all of the water drained from the body of the pressure vacuum breaker.
- n) **Opened at \_\_\_\_ PSID** – Record the pressure differential that opened the air inlet when water pressure was released from the body of the pressure vacuum breaker.

**Final Test, Check Valve** – Only fill in this section after repairs are made and the device passes all tests.

- o) **Held at \_\_\_\_ PSID** – Record the maximum pressure obtained without the check valve leaking.

**Details**

- p) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?
- q) **#2 Shutoff, Leaked/Closed Tight** – Data entry optional. Not tracked by BCO.
- r) **Service Restored, Yes/No** – Data entry optional. Not tracked by BCO.

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- s) **Held Backpressure, Yes/No** – Data entry optional. Not tracked by BCO.
- t) **Line PSI/Meter Reading** – Data entry optional. Not tracked by BCO.

**Test Kit**

- u) **Mandatory.** Select the serial number for the test kit used for the test. Test kits must be registered with the BCO. Test kits may not be used if it has been more than 12 months since last calibrated.

**Comments**

- v) Data entry optional. Provide any comments.
- w) **Certification** – Tests cannot be submitted to the Backflow Compliance Office until you have checked the box acknowledging the four certification statements are true.
- x) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- y) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.



## Inspection Data Entry, Device Type: Air Gap

For air gap inspections the following screen appears. Items in yellow are not tracked by the BCO.

Please enter the test results in "Initial Test." Enter the date of the test using the pop-up calendar. If repairs are made, type the details in the "Comments" section. Enter the "Final Test" results ONLY IF, AND AFTER REPAIRS. If no repairs are made, skip the repair and final test sections. Select the test kit that was used (if applicable). Click the "Save Test Data" box at the bottom to save data or click "Cancel" to return to the previous screen. Questions? (614) 645-6674

Test Data Entry

Serial Number: 1111111100 Device Type: AIRGAP Address: 1100 DUBLIN RD - ABOVE 3 COMPARTMENT SINK

Air Gap Supply Diameter **a** Separation **b**

Initial Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<input type="radio"/> Pass <input type="radio"/> Fail <b>c</b> Date <input type="text"/> <b>d</b> Please input in MM/DD/YYYY format.	<input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at <input type="text"/> PSID	<input type="radio"/> Leaked <input type="radio"/> Closed Tight Held at <input type="text"/> PSID	<input type="radio"/> Did Not Open <b>e</b> <input type="radio"/> Opened at <input type="text"/> PSID	Air Inlet <input type="checkbox"/> Did Not Open <input type="checkbox"/> Opened at <input type="text"/> PSID <input type="checkbox"/> Opened Fully Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Held at <input type="text"/> PSID

Repaired

Date  **f**

Enter Repair Details for Specific Assemblies Below

☐ Cleaned ☐ Rubber Kit ☐ Rebuild

Comments:  **g**

Final Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<input type="checkbox"/> Pass Date <input type="text"/>	<input type="checkbox"/> Closed Tight Held at <input type="text"/> PSID	<input type="checkbox"/> Closed Tight <b>h</b> Held at <input type="text"/> PSID	<input type="checkbox"/> Opened at <input type="text"/> PSID	Air Inlet <input type="checkbox"/> Opened Fully <input type="checkbox"/> Opened at <input type="text"/> PSID Check Valve <input type="checkbox"/> Held at <input type="text"/> PSID

Details

Proper Install ☐ Yes ☐ No **i**

2 Shutoff ☐ Leaked ☐ Closed Tight

Service Restored ☐ Yes ☐ No

RV Exercised ☐ Yes ☐ No

Held Backpressure ☐ Yes ☐ No **j**

Line PSI

Meter Reading

Test Kit  **k**

Comments  **l**

☐ \* I understand that I must provide a signed copy of the completed test report to the property owner and/or person in charge of premise.

☐ \* I certify that all information entered in this report is true and accurate.

☐ \* I certify that the equipment used for this test was calibrated within 12 months of the test.

☐ \* I certify that all certifications and registrations required to be a backflow tester within the City of Columbus are current.

**n** Save Test Data or Cancel **o** **m**

- a) **Air Gap Supply Diameter** – Mandatory. Indicates the nominal pipe diameter of the effective opening of the water supply to the air gap.
- b) **Separation** – Mandatory. Indicates the vertical separation between the outlet of the water supply and the flood level of the vessel being supplied. A positive number indicates that the effective outlet of the water supply is above the flood level of the vessel.

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**Initial Test**

- c) **Pass/Fail** – Mandatory. Indicates if the air gap passed the inspection.
- d) **Date** – Mandatory. Date of air gap inspection. Select value from the pop-up calendar.
- e) These items are not applicable to air gap inspections.

**Repaired** - Mandatory to fill in this section if repairs were made. Leave blank if no repairs.

- f) **Date** – Date repairs were completed. Select value from the pop-up calendar.
- g) **Comments** – Describe repairs.
- h) These items are not applicable to air gap inspections.
- i) **Proper Install, Yes/No** – Mandatory. Does the assembly meet proper piping installation requirements?
- j) These items are not applicable to air gap inspections.
- k) **Test Kit** – This item is not applicable to air gap inspections.
- l) **Comments** – Data entry optional. Provide any comments.
- m) **Certification** – Tests cannot be submitted to the Backflow Compliance Office until you have checked the box acknowledging the four certification statements are true.
- n) **Save Test Data** – Temporarily saves test data until you are ready to submit test results to the BCO. Your login session may be closed automatically if you are inactive for more than 5 minutes. Data entered but not saved will be lost. We recommend that you save your work frequently.
- o) **Cancel** – Clicking this button discards any unsaved changes and returns you to the prior (“Verify Site Profile”) screen.

## REVIEWING AND SUBMITTING TESTS

Once tests have been saved they will appear in the list on the Review Tests page.

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DEPARTMENT OF PUBLIC UTILITIES

[Main](#) [Add Test](#) [Review Tests](#) [View Cart](#) [Logout](#)

George Meyers is logged in with City of Columbus version 2.0.15

Click "Add Test" above to enter more tests. When ready to submit, check the corresponding boxes and click the "Submit Tests" button. Call (614) 645-6674 with questions. To print a test report check the box for the desired test and click "Print Test Report" button. Please note, the format that first appears is jumbled. Use the "Export this report" tool at the top left and select PDF as the export format to correct the formatting issues and allow you to print the report.

Unsubmitted Submitted

Select	Serial#	Company	Address	Initial Test	Final Test	Test Kit	Fee
<input type="checkbox"/>	242516	City of Columbus	910 DUBLIN RD UNIT B - 940 DUBLIN RD	3/26/2015 fail	3/26/2015 pass	12345678	\$0.00

[Submit Tests](#) [Print Test Report](#)

Tests that have not been submitted can be reviewed by clicking on the "Unsubmitted" tab. Click on the serial number to open that particular test. Unsubmitted tests may be edited or deleted.

When you are ready to submit a test, check the box in the "Select" column next to the test or tests you wish to submit, then click on "Submit Tests". Tests submitted will be available to the BCO the next business day.

To review tests that have been submitted click on the "Submitted" tab. Submitted tests may only be viewed or printed. They cannot be edited or deleted. If you need to modify a test already submitted you must contact the BCO.

# BACKFLOW ASSEMBLY TESTING

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## PRINTING TEST REPORTS

Test reports can be printed from either the "Unsubmitted" or the "Submitted" tabs on the "Review Tests" page. Click on the box under the "Select" column to place a check in the box next to the report(s) you wish to print.

The first screen that returns will look somewhat jumbled. This is normal and will be corrected in the next step.

Report Output foo

File Edit View Favorites Tools Help

Suggested Sites

Find...

1 of 1 100%

SAP CRYSTAL REPORTS®

Group Tree

Main Report

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DEPARTMENT OF  
PUBLIC UTILITIES

Backflow Prevention Assembly Test Report

Unsubmitted

Test Confirmation #

910 DUBLIN RD UNIT B 100553 WATTS

Address: DIVISION OF WATER Hazard ID: VACATION Manufacturer: 009M3QT

Company: 940 DUBLIN RD Meter #: 242516 Model: RP

Location: Serial #: Type: 0.75

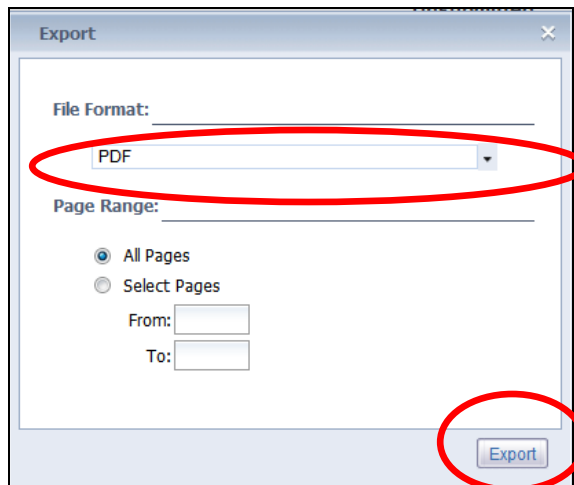
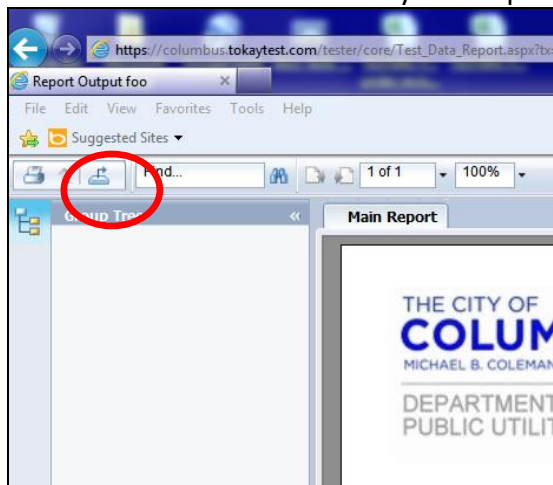
Hazard: Size:


Reduced Pressure Principle Assembly				PVB/SVB
Double Check Valve Assembly				
Initial Test	Check Valve #1	Check Valve #2	Relief Valve	AIR INLET
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> X	Closed Tight <input checked="" type="checkbox"/> X	Did not Open <input type="checkbox"/> 1.6	Opened at PSID
	Held at PSID	Held at PSID	Opened at PSID	CHECK VALVE
				Leaked <input type="checkbox"/>
				Held at PSID
Repairs	Beta test			
	Comments:			
	<input type="checkbox"/> Cleaned			
	<input type="checkbox"/> Rubber Kit			
	<input checked="" type="checkbox"/> Rebuild			
Final Test 03/26/2015	Check Valve #1	Check Valve #2	Relief Valve	AIR INLET

110%

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Near the top left corner of the screen select the "Export this report" button. When the "Export" window opens, choose "PDF" for the file format and then click "Export" at the bottom right of the "Export" window. A PDF file will be created that you can print and/or save.

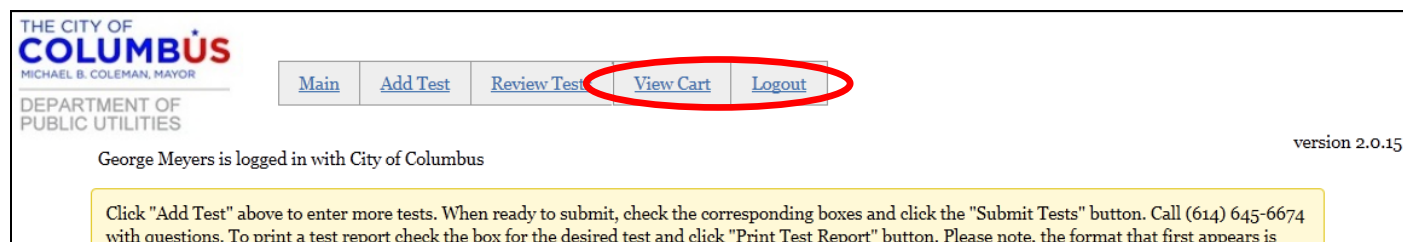


 <b>Backflow Prevention Assembly Test Report</b>																																	
Test Confirmation #		Unsubmitted																															
<div> <div> Address: 910 DUBLIN RD UNIT B Company: DIVISION OF WATER Location: 940 DUBLIN RD Hazard: </div> <div> Hazard ID: 100553 Meter #: VACATION Serial #: 242516 </div> <div> Manufacturer: WATTS Model: 009M3QT Type: RP Size: 0.75 </div> </div>																																	
<table border="1"> <thead> <tr> <th colspan="3">Reduced Pressure Principle Assembly</th> <th colspan="2">PVB/SVB</th> </tr> <tr> <th colspan="3">Double Check Valve Assembly</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td> <b>Initial Test</b> 03/26/2015   <div> <div>Leaked <input type="checkbox"/></div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at 12.0 PSID</div> </div> </td> <td> <div> <div>Leaked <input type="checkbox"/></div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at PSID</div> </div> </td> <td> <div> <div>Did not Open <input type="checkbox"/></div> <div>Opened at 1.6 PSID</div> </div> </td> <td colspan="2"> <b>AIR INLET</b>  <div> <div>Did not Open <input type="checkbox"/></div> <div>Opened at PSID</div> </div> </td> </tr> <tr> <td colspan="5"> <b>Repairs</b> 03/26/2015  <div> <div>Cleaned <input type="checkbox"/></div> <div>Rubber Kit <input type="checkbox"/></div> <div>Rebuild <input checked="" type="checkbox"/></div> </div> </td> </tr> <tr> <td colspan="5"> <b>Final Test</b> 03/26/2015   <div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at 111.5 PSID</div> </div> </td> <td> <div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at PSID</div> </div> </td> <td> <div> <div>Opened at 2.2 PSID</div> </div> </td> <td colspan="2"> <b>AIR INLET</b>  <div> <div>Opened at PSID</div> </div> </td> </tr> </tbody> </table>					Reduced Pressure Principle Assembly			PVB/SVB		Double Check Valve Assembly					<b>Initial Test</b> 03/26/2015  <div> <div>Leaked <input type="checkbox"/></div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at 12.0 PSID</div> </div>	<div> <div>Leaked <input type="checkbox"/></div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at PSID</div> </div>	<div> <div>Did not Open <input type="checkbox"/></div> <div>Opened at 1.6 PSID</div> </div>	<b>AIR INLET</b> <div> <div>Did not Open <input type="checkbox"/></div> <div>Opened at PSID</div> </div>		<b>Repairs</b> 03/26/2015 <div> <div>Cleaned <input type="checkbox"/></div> <div>Rubber Kit <input type="checkbox"/></div> <div>Rebuild <input checked="" type="checkbox"/></div> </div>					<b>Final Test</b> 03/26/2015  <div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at 111.5 PSID</div> </div>					<div> <div>Closed Tight <input checked="" type="checkbox"/></div> <div>Held at PSID</div> </div>	<div> <div>Opened at 2.2 PSID</div> </div>	<b>AIR INLET</b> <div> <div>Opened at PSID</div> </div>	
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Tester George Meyers		Tester # NONE	Test Kit 12345678																														

Select the "Return to Test Data Summary Page" button at the bottom of the page or use the back arrow on your web browser to return to the "Review Tests" page.

**View Cart** – The View Cart tab is not used by the City of Columbus Backflow Compliance Office.

**Logout** – When you are finished entering test results you may log out by selecting this button. If you do not logout on your own, the site may automatically log you out after approximately 5 minutes of inactivity.



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[Main](#) [Add Test](#) [Review Test](#) [View Cart](#) [Logout](#)

George Meyers is logged in with City of Columbus

version 2.0.15

Click "Add Test" above to enter more tests. When ready to submit, check the corresponding boxes and click the "Submit Tests" button. Call (614) 645-6674 with questions. To print a test report check the box for the desired test and click "Print Test Report" button. Please note, the format that first appears is

## **TROUBLESHOOTING/FREQUENTLY ASKED QUESTIONS**

### **What if the serial number on the device does not match the serial number on the owner's notification letter?**

Possibilities: you are at the wrong device; the device has been replaced; or the information in the database is incorrect. You will need to troubleshoot to determine which scenario is the case.

Search the online database using the serial number you found on the device and the property address. If the search locates a record in the database, you are likely not at the correct device. Confirm if the owner has other backflow assemblies. Tests performed on the incorrect device may result in non-compliance for the device noted on the customer's letter.

If a search of the serial number on the device does not locate a record in the database and you are at the correct hazard, the device may have been replaced or the serial number in the database may be incorrect. Does the owner have knowledge of the device being replaced? Does the other device information (manufacturer, model, type, and size) match? Is the serial number on the device similar to the one on the letter? Use your judgment to determine if the device was replaced or the serial number in the database is incorrect. Pull up the record in the database using the serial number and address on the owner's notification letter to locate the record in the database. Select either the "Make Changes" button or the "Replace Device" button, as appropriate, and enter the correct information.

### **What if I cannot locate a device in the database using the serial number and address provided on the owner's notification letter?**

First, make sure the notification letter is from Columbus Division of water, not another public water system. If the owner received a letter from Columbus notifying them of their annual testing requirement the device exists in the BCO database and the most likely cause of this problem is searching using incorrect values. Double check the serial number and house/building number you are entering into the cells on the search screen. The information you are entering must match the information on the back of the letter. Only the numeric portion of the house/building number must be entered. This information must come from the "Property Address" line on the back of the owner's letter.